

Type ballot requested (Choose one)

Democratic Primary Republican Primary General Election Special Election
 Democratic Runoff Republican Runoff General Runoff Special Runoff

OFFICIAL APPLICATION FOR ABSENTEE ELECTOR'S BALLOT

I, _____, duly qualified and registered in the _____ Precinct of the County of _____, State of Mississippi, coming within the purview of the definition 'ABSENTEE ELECTOR' will be absent from the county of my residence on election day, or unable to vote in person because (check appropriate reason):

() (PRESIDENTIAL APPLICANT ONLY) I am currently a resident of Mississippi or have moved therefrom within thirty (30) days of the coming presidential election.

() I am an enlisted or commissioned member, male or female, of any component of the United States Armed Forces and am a citizen of Mississippi, or a spouse or dependent of such a member.

() I am a member of the Merchant Marines or American Red Cross and am a citizen of Mississippi or a spouse or dependent of such a member.

() I am a disabled war veteran who is a patient in any hospital and am a citizen of Mississippi or a spouse or dependent of such a veteran.

() I am a civilian attached to and serving outside of the United States with any branch of the United States Armed Forces or with the Merchant Marines or American Red Cross, and am a citizen of Mississippi or dependent of such a civilian.

() I am a citizen of Mississippi temporarily residing outside the territorial limits of the United States and the District of Columbia.

() I am a student, teacher or administrator at a college, university, junior or community college, high, junior high, elementary or grade school whose studies or employment at such institution necessitates my absence from the county of my voting residence or a spouse or dependent of such a student, teacher or administrator who maintains a common domicile outside the city of my voting residence with such student, teacher or administrator.

() I will be outside the county on Election Day.

() I have a temporary or permanent physical disability.

() I am sixty-five (65) years of age or older.

() I am the parent, spouse or dependent of a person with a temporary or permanent physical disability, who is hospitalized outside his county of residence or more than fifty (50) miles away from his residence, and I will be with such a person on election day.

() I am a member of the congressional delegation, or a spouse or dependent of a member of the congressional delegation.

() I am required to be at work on election day during the times at which the polls will be open.

I hereby make application for an official ballot, or ballots, to be voted by me at the election to be held in _____ County, _____ for the _____ election.

Nail "ABSENTEE ELECTOR'S BALLOT" to me at the following address: _____
 (If eligible to vote by mail).

I realize that I can be fined up to Five Thousand Dollars (\$5,000.00) and sentenced up to five (5) years in the penitentiary for making a false statement in this application and for selling my vote and violating the Mississippi Absentee Voter Law.

If you are temporarily or permanently disabled, you are not required to have this application notarized or signed by an official authorized to administer oaths for absentee balloting. You are required to sign this application in the proper place and have a person eighteen (18) years of age or older witness your signature and sign this application in the proper place.

DO NOT SIGN WITHOUT READING

IN THE WITNESS WHEREOF I have hereunto set my hand and seal this the _____ day of _____, 20____.

(Signature of Absentee Elector)
 SWORN TO AND SUBSCRIBED before me this the _____ day of _____, 20____.

(Official authorized to administer oaths for absentee balloting) (Circuit Clerk) (Deputy Clerk)

TO BE SIGNED BY A WITNESS FOR VOTER TEMPORARILY OR PERMANENTLY DISABLED:

I HEREBY CERTIFY that this application for an absentee elector's ballot was signed by the above-named disabled elector in my presence and that I am at least eighteen (18) years of age, this the _____ day of _____, 20____.

(Signature of Witness) **CERTIFICATE OF DELIVERY**
 I hereby certify that _____ has requested that I _____ deliver to the voter this absentee ballot application _____
 (Print name of voter) (Print name of person delivering application)
 (Signature of person delivering application)
 (Address of person delivering application)

EXHIBIT

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